

106TH CONGRESS
2D SESSION

H. R. 4970

To amend part D of title III of the Public Health Service Act to provide grants to strengthen the effectiveness, efficiency, and coordination of services for the uninsured and underinsured.

IN THE HOUSE OF REPRESENTATIVES

JULY 26, 2000

Mr. GREEN of Texas introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend part D of title III of the Public Health Service Act to provide grants to strengthen the effectiveness, efficiency, and coordination of services for the uninsured and underinsured.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Access to
5 Health Care Act of 2000”.

6 **SEC. 2. PURPOSE.**

7 The purpose of this Act is to provide assistance to
8 communities and to consortia of health care providers and

1 others, including those in rural areas and including Amer-
2 ican Indian and Alaska Native entities, in order to develop
3 or strengthen integrated health care delivery systems that
4 coordinate health services for individuals who are unin-
5 sured and individuals who are underinsured, through—

6 (1) coordination of services to allow such indi-
7 viduals to receive efficient and higher quality care
8 and to gain entry into a comprehensive system of
9 care;

10 (2) development of the infrastructure for a
11 health care delivery system characterized by effective
12 collaboration, information sharing, and clinical and
13 financial coordination among all providers of care in
14 the community; and

15 (3) provision of new Federal resources that do
16 not supplant funding for existing Federal categorical
17 programs that support entities providing services to
18 low-income populations.

19 **SEC. 3. CREATION OF COMMUNITY ACCESS PROGRAM.**

20 Part D of title III of the Public Health Service Act
21 (42 U.S.C. 254b et seq.) is amended by inserting after
22 subpart IV the following new subpart:

1 “Subpart V—Community Access Program

2 **“SEC. 340. GRANTS TO STRENGTHEN THE EFFECTIVENESS,**
3 **EFFICIENCY, AND COORDINATION OF SERV-**
4 **ICES FOR THE UNINSURED AND UNDER-**
5 **INSURED.**

6 “(a) IN GENERAL.—The Secretary may make grants
7 for the purpose of assisting the development of integrated
8 health care delivery systems—

9 “(1) to serve communities of individuals who
10 are uninsured and individuals who are underinsured;

11 “(2) to expand the scope of services provided;
12 and

13 “(3) to improve the efficiency and coordination
14 among the providers of such services.

15 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
16 a grant under this section, an entity must—

17 “(1) be a public or nonprofit private entity such
18 as—

19 “(A) a Federally qualified health center
20 (as defined under section 1861(aa)(4) of the
21 Social Security Act);

22 “(B) a hospital that meets the require-
23 ments of section 340B(a)(4)(L) (or, if none are
24 available in the area, a hospital that is a pro-
25 vider of a substantial volume of non-emergency

1 health services to uninsured individuals and
2 families without regard to their ability to pay)
3 without regard to 340B(a)(4)(L)(iii); or

4 “(C) a public health department; and

5 “(2) represent a consortium of providers and,
6 as appropriate, related agencies or entities—

7 “(A) whose principal purpose is to provide
8 a broad range of coordinated health care serv-
9 ices for a community defined in the entity’s
10 grant application (which may be a special popu-
11 lation group such as migrant and seasonal farm
12 workers, homeless persons or individuals with
13 disabilities);

14 “(B) that includes all health care providers
15 that serve the community and that have tradi-
16 tionally provided care (beyond emergency serv-
17 ices) to uninsured and underinsured individuals
18 without regard to the individuals’ ability to pay
19 (if there are any such providers) unless any
20 such provider or providers declines to partici-
21 pate; and

22 “(C) that may include other health care
23 providers and related agencies and organiza-
24 tions;

1 except that preference shall be given to applicants that
2 are health care providers identified in paragraph (1).

3 “(c) APPLICATIONS.—To be eligible to receive a grant
4 under this section, an eligible entity shall submit to the
5 Secretary an application, in such form and manner as the
6 Secretary shall prescribe, that shall—

7 “(1) define a community of uninsured and
8 underinsured individuals that consists of all such
9 individuals—

10 “(A) in a specified geographical area; or

11 “(B) in a specified population within such
12 an area;

13 “(2) identify the providers who will participate
14 in the consortium’s program under the grant, and
15 specify each one’s contribution to the care of unin-
16 sured and underinsured individuals in the commu-
17 nity, including the volume of care it provides to
18 medicare and medicaid beneficiaries and to privately
19 paid patients;

20 “(3) describe the activities that the applicant
21 and the consortium propose to perform under the
22 grant to further the purposes of this section;

23 “(4) demonstrate the consortium’s ability to
24 build on the current system for serving uninsured
25 and underinsured individuals by involving providers

1 who have traditionally provided a significant volume
2 of care for that community;

3 “(5) demonstrate the consortium’s ability to de-
4 velop coordinated systems of care that either directly
5 provide or ensure the prompt provision of a broad
6 range of high-quality, accessible services, including,
7 as appropriate, primary, secondary, and tertiary
8 services, as well as substance abuse treatment and
9 mental health services in a manner which assures
10 continuity of care in the community;

11 “(6) provide evidence of community involvement
12 in the development, implementation, and direction of
13 the program that it proposes to operate;

14 “(7) demonstrate the consortium’s ability to en-
15 sure that individuals participating in the program
16 are enrolled in public insurance programs for which
17 they are eligible;

18 “(8) present a plan for leveraging other sources
19 of revenue, which may include State and local
20 sources and private grant funds, and integrating
21 current and proposed new funding sources in a way
22 to assure long-term sustainability;

23 “(9) describe a plan for evaluation of the activi-
24 ties carried out under the grant, including measure-

1 ment of progress toward the goals and objectives of
2 the program;

3 “(10) demonstrate fiscal responsibility through
4 the use of appropriate accounting procedures and
5 appropriate management systems;

6 “(11) include such other information as the
7 Secretary may prescribe; and

8 “(12) demonstrate the commitment to serve the
9 community without regard to the ability of the indi-
10 vidual or family to pay by arranging for or providing
11 free or reduced charge care for the poor.

12 “(d) PRIORITIES.—In awarding grants under this
13 section, the Secretary may accord priority to applicants—

14 “(1) whose consortium includes public hospitals,
15 Federally qualified health centers (as defined in sec-
16 tion 1905(l)(2)(B) of the Social Security Act), and
17 other providers that are covered entities as defined
18 by section 340B(a)(4) of this Act (or that would be
19 covered entities as so defined but for subparagraph
20 (L)(iii) of such section);

21 “(2) that identify a community whose geo-
22 graphical area has a high or increasing percentage
23 of individuals who are uninsured;

24 “(3) whose consortium includes other health
25 care providers that have a tradition of serving unin-

1 sured individuals and underinsured individuals in
2 the community;

3 “(4) who show evidence that the program would
4 expand utilization of preventive and primary care
5 services for uninsured and underinsured individuals
6 and families in the community, including mental
7 health services or substance abuse services;

8 “(5) whose proposed program would improve
9 coordination between health care providers and ap-
10 propriate social service providers, including local and
11 regional human services agencies, school systems,
12 and agencies on aging;

13 “(6) that demonstrate collaboration with State
14 and local governments;

15 “(7) that make use of non-Federal contribu-
16 tions to the greatest extent possible; or

17 “(8) that demonstrate a likelihood that the pro-
18 posed program will continue after support under this
19 section ceases.

20 “(e) USE OF FUNDS.—

21 “(1) USE BY GRANTEES.—

22 “(A) IN GENERAL.—Except as provided in
23 paragraphs (2) and (3), a grantee may use
24 amounts provided under this section only for—

1 “(i) direct expenses associated with
2 planning, developing, and operating the
3 greater integration of a health care deliv-
4 ery system so that it either directly pro-
5 vides or ensures the provision of a broad
6 range of services, as appropriate, including
7 primary, secondary, and tertiary services,
8 as well as substance abuse treatment and
9 mental health services; and

10 “(ii) direct patient care and service
11 expansions to fill identified or documented
12 gaps within an integrated delivery system.

13 “(B) SPECIFIC USES.—The following are
14 examples of purposes for which a grantee may
15 use grant funds, when such use meets the con-
16 ditions stated in subparagraph (A):

17 “(i) Increase in outreach activities.

18 “(ii) Improvements to case manage-
19 ment.

20 “(iii) Improvements to coordination of
21 transportation to health care facilities.

22 “(iv) Development of provider net-
23 works.

24 “(v) Recruitment, training, and com-
25 pensation of necessary personnel.

1 “(vi) Acquisition of technology.

2 “(vii) Identifying and closing gaps in
3 services being provided.

4 “(viii) Improvements to provider com-
5 munication, including implementation of
6 shared information systems or shared clin-
7 ical systems.

8 “(ix) Other activities that may be ap-
9 propriate to a community that would in-
10 crease access to the uninsured.

11 “(2) DIRECT PATIENT CARE LIMITATION.—No
12 more than 15 percent of the funds provided under
13 a grant may be used for providing direct patient
14 care and services.

15 “(3) RESERVATION OF FUNDS FOR NATIONAL
16 PROGRAM PURPOSES.—The Secretary may use not
17 more than 3 percent of funds appropriated to carry
18 out this section for technical assistance to grantees,
19 obtaining assistance of experts and consultants,
20 meetings, dissemination of information, evaluation,
21 and activities that will extend the benefits of funded
22 programs to communities other than the one funded.

23 “(f) MAINTENANCE OF EFFORT.—With respect to
24 activities for which a grant under this section is author-
25 ized, the Secretary may award such a grant only if the

1 recipient of the grant and each of the participating pro-
2 viders agree that each one will maintain its expenditures
3 of non-Federal funds for such activities at a level that is
4 not less than the level of such expenditures during the year
5 immediately preceding the fiscal year for which the appli-
6 cant is applying to receive such grant.

7 “(g) REPORTS TO THE SECRETARY.—The recipient
8 of a grant under this section shall report to the Secretary
9 annually regarding—

10 “(1) progress in meeting the goals stated in its
11 grant application; and

12 “(2) such additional information as the Sec-
13 retary may require.

14 The Secretary may not renew an annual grant under this
15 section unless the Secretary is satisfied that the consor-
16 tium has made reasonable and demonstrable progress in
17 meeting the goals set forth in its grant application for the
18 preceding year.

19 “(h) AUDITS.—Each entity which receives a grant
20 under this section shall provide for an independent annual
21 financial audit of all records that relate to the disposition
22 of funds received through this grant.

23 “(i) TECHNICAL ASSISTANCE.—The Secretary may,
24 either directly or by grant or contract, provide any funded

1 entity with technical and other non-financial assistance
2 necessary to meet the requirements of this section.

3 “(j) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purpose of carrying out this section, there are authorized
5 to be appropriated \$125,000,000 in fiscal year 2001 and
6 such sums as may be necessary for each of fiscal years
7 2002 through 2005.”.

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